

PAGE 3 OF 3

Late Contribution Report

Misc., Prop 93

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NAME OF FILER Democratic State Central Committee of California		Date of This Filing 01/31/2008	Date Stamp JAN 31 2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of the State of California  <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-5707	I.D. NUMBER (if applicable) 741666	Report No. LC-439			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 1		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
01/30/2008	CA Professional Firefighters P.A.C. Sacramento, CA 95833 I.D. Number: 744058	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		9,007.48  #2008-0013 <input type="checkbox"/> Check if Loan
	(MEMO) non-monetary contribution	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		     <input type="checkbox"/> Check if Loan
01/30/2008	Committee to Protect California's Future Sacramento, CA 95814 I.D. Number: 1277456	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300,000.00  #2008-0012 <input type="checkbox"/> Check if Loan

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

☒ Secretary of State

☐ Alameda County

☐ Santa Barbara County

☐ FEC

☐ Fresno County

☐ Santa Clara County

☒ Los Angeles County

☐ Merced County

☐ Santa Cruz County

☒ SF City & County

☐ Monterey County

☐ Solano County

☒ Sacramento County

☐ San Joaquin County

☐ Yolo County

☐ City of Sacramento

If Other Than Above Please List:

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# Late Contribution Report

LATE CONTRIBUTION REPORT

NAME OF FILER Democratic State Central Committee of California		Date of This Filing 01/31/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> State Official Use Only
AREA CODE/PHONE NUMBER (916) 442-5707	I.D. NUMBER (if applicable) 741566	Report No. LC-439		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CTY Sacramento	STATE CA	ZIP CODE 95814		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/30/2008	Yes on Prop 93, Committee for Term Limits Reform  SACRAMENTO, CA 95814 I.D. Number: 1296108	Prop 93, Statewide	150,570.15  #2008-0011	02/05/2008
	(MEMO) non-monetary contribution			

Reason for Amendment: \_\_\_\_\_

- |  |   |  |  |   |   |
|--|---|--|--|---|---|
| <input checked="" type="checkbox"/> Secretary of State | <input type="checkbox"/> FEC                | <input checked="" type="checkbox"/> Los Angeles County | <input checked="" type="checkbox"/> SF City & County | <input checked="" type="checkbox"/> Sacramento County | <input type="checkbox"/> City of Sacramento |
| <input type="checkbox"/> Alameda County                | <input type="checkbox"/> Fresno County      | <input type="checkbox"/> Merced County                 | <input type="checkbox"/> Monterey County             | <input type="checkbox"/> San Joaquin County           |   |
| <input type="checkbox"/> Santa Barbara County          | <input type="checkbox"/> Santa Clara County | <input type="checkbox"/> Santa Cruz County             | <input type="checkbox"/> Solano County               | <input type="checkbox"/> Yolo County                  |   |

If Other Than Above Please List: \_\_\_\_\_

Prop

Prop 93

1 of 3

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Prop. 93, a Coalition of Business, Labor, Teachers, Lawmakers, Public Safety and Assembly members de Leon, Nunez, Bass and Lieu		Date of This Filing 01/31/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only R
AREA CODE/PHONE NUMBER (916) 443-7817	I.D. NUMBER (if applicable) 1296108	Report No. 013108-3		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		29,428.76  <input type="checkbox"/> Check if Loan
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		15,620.66  <input type="checkbox"/> Check if Loan
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		7,171.01  <input type="checkbox"/> Check if Loan

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_



# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on Prop. 93, a Coalition of Business, Labor, Teachers, Lawmakers, Public Safety and Assemblymembers de Leon, Nunes, Bass and Lieu		Date of This Filing <u>01/31/2008</u> in the office of the Secretary of State of the State of California	<b>RECEIVED AND FILED</b> <b>JAN 31 2008</b> <b>DEBRA BOWEN</b> <b>Secretary of State</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER (916) 443-7817	(D. NUMBER (if applicable)) 1296108	Report No. <u>013106-1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814		
		No. of Pages <u>3</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 50017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		3,232.50  <input type="checkbox"/> Check if Loan
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		3,232.50  <input type="checkbox"/> Check if Loan
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		2,516.81  <input type="checkbox"/> Check if Loan

### \*Contributor Codes

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OTH - Other (e.g., business entity)

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

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# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on Prop. 93, a Coalition of Business, Labor, Teachers, Lawmakers, Public Safety and Assemblymembers de Leon, Munoz, Bass and Lieu <b>AREA CODE/PHONE NUMBER</b> (916) 443-7817 <b>STREET ADDRESS</b>  <b>CITY</b> Sacramento, CA <b>STATE</b> <b>ZIP CODE</b> 95814		<b>Date of This Filing</b> 01/31/2008 <b>Report No.</b> 013108 <input type="checkbox"/> Amendment to Report No. _____ (explain below) <b>No. of Pages</b> 3	<b>Date Stamp</b> <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only
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## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <sup>A</sup>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008	California Democratic Party (#741666)  Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		91,684.72  <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		  <input type="checkbox"/> Check if Loan

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PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

Prop

Prop 93

27194.01

FILED ELECTRONICALLY

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 93, Citizens for Accountability and Legislative Reform		Date of This Filing 01/31/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	<b>CALIFORNIA FORM 497</b> For Official Use Only R
AREA CODE/PHONE NUMBER (916) 442-2952	ID NUMBER (if applicable) 1299457	Report No. 27		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814		
		No. of Pages 1		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008	Sierra Pacific Industries  Redding, CA 96049-6028	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

## \*Contributor Codes

 IND - Individual  
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 OTH - Other (e.g., business entity)

 PTY - Political Party  
 SCC - Small Contributor Committee

FILED ELECTRONICALLY

Reason for Amendment: \_\_\_\_\_

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Prop 93

Filed Electronically

1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Committee to Protect California's Future		Date of This Filing 01/31/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER (916) 442-2952	I.D. NUMBER (if applicable) 1277456	Report No. 10	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 31 2008	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		No. of Pages 2
CITY Sacramento, CA	STATE CA	ZIP CODE 95814-		

## Late Contribution(s) Made

DEBRA BOWEN  
Secretary of State

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008	Yes on Prop. 93, Committee for Term Limits and Legislative Reform (#1296108)  Sacramento, CA 95814	Proposition 93, Term Limits on Legislators' Terms in Office Statewide	400,000.00	02/05/2008

Reason for Amendment: \_\_\_\_\_

FPPC Form 497 (January/06)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-5772)

01/31/2008

16:32

OLSON, HAGEL, WATER&amp;FISHBORN

NO. 896

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2 of 2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Committee to Protect California's Future		Date of This Filing 01/31/2008	Date Stamp JAN 31 2008	<b>CALIFORNIA FORM 497</b> RECEIVED AND FILED in the office of the Secretary of State of the State of California <b>DEBRA BOWEN</b> Secretary of State
AREA CODE/PHONE NUMBER (916) 442-2952	ID. NUMBER (if applicable) 1277456	Report No. 10		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814-	No. of Pages 2	

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/30/2008	Central California Leadership Alliance Independent Expenditure PAC Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100,000.00
01/30/2008	PG&E Corporation and Affiliated Entities San Francisco, CA 94105-	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_



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Prop 93

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Friends of Ira Ruskin		Date of This Filing 01/31/2008	Date Stamp	CALIFORNIA FORM 497 RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 31 2008 DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 916-348-9100	ID NUMBER (if applicable) 1272005	Report No. 01312008	(For Official Use Only)	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Redwood City, CA 94061		STATE	ZIP CODE	
		No. of Pages 1		

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/31/2008	Yes on Prop. 93, a Coalition of Business, Labor, Teachers, Lawmakers, Public Safety and Assemblymembers Bass and Lieu (#1296108)  Sacramento, CA 95641	Limits on Legislators' Terms in Office. Proposition Statewide	10,000 00	

Reason for Amendment \_\_\_\_\_

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Prop 93

1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CALIFORNIA ATTORNEYS, ADMINISTRATIVE LAW JUDGES and HEARING OFFICERS IN STATE EMPLOYMENT PAC aka CASE PAC			Date of This Filing <u>01/30/2008</u>	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California L JAN 31 2008 <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA FORM <b>497</b> Official Use Only
AREA CODE/PHONE NUMBER  916-669-4200	I.D. NUMBER (if applicable)  840154		Report No. <u>20080130</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY  Sacramento	STATE  CA	ZIP CODE  95833	No. of Pages <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other (e.g., business entity)	

Reason for Amendment: \_\_\_\_\_

2 of 2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER CALIFORNIA ATTORNEYS, ADMINISTRATIVE LAW JUDGES and HEARING OFFICERS PAC aka CASE PAC		Date of This Filing _____	Date Stamp <b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <b>JAN 31 2008</b> <b>DEBRA BOWEN</b> Secretary of State	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 840154	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008 	Yes on Prop. 93, A Coalition of Business, Labor, Teachers, Lawmakers  Sacramento CA 95817 ID: 1296108	Public Safety and Assemblymemb  Limits on Legislators Terms in Office. Initiative Constitutional Amendment Statewide Ballot: 93 Dist:	25000.00	02/05/2008
01/22/2008 	Yes on 93, Citizens for Accountability and Legislative Reform  Sacramento CA 95814 ID: 1299457	Limits on Legislators Terms in Office. Initiative Constitutional Amendment Statewide Ballot: 93 Dist:	25000.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_